plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09904200

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			63					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			67 minus 20=		• 47			X\$ 9=		OR	X\$18=	846
INDEPENDENT CLAIMS 5				5 minus 3 = * (?		X40=		OR	X80=	1600
MULTIPLE DEPENDENT CLAIM PRESENT						Ø	İ	+135=		OR	+270=	270
If the difference in column 1 is less than zero, enter						olumn 2	L	TOTAL		OR	TOTAL	1916
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	6	27	= Ø		X\$ 9=	•	OR	X\$18=	
AME	Independent	• 5	Minus	*** 5	T OL AINA			X40=		OR	X80=	
10 A	HHSI PHESE	NTATION OF M	JLIIPLE DEI	PENUEN	LAIM		' [+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
·		_										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	<u> </u> =] [X40=		OR	X80=	
لبا	FIRST PRESE	NTATION OF M	JLIPLE DE	PENDEN	CLAIM		ן נ	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						:
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩QN	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=] [X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┛┞					
	or or a second control of the second control	4 to the state of	t - antarin ool	······································	- "0" in ~	diama a		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	id For" (Total o	or Independ	dent) is th	e highest numb	er fou	ind in the app	propriate box	c in co	lumn 1.	